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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L25074

(0)

Mailing Address

J.R.W. INVESTMENTS, INC.

Principal Place of Business

407 DUFF CT 407 DUFF CT PORT ST. LUCIE FL 34984-6201 PORT ST. LUCIE FL 34984 3a. Date of Last Report 3. Date Incorporated or Qualified 10/23/1989 06/21/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0166174 Not Applicable Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FARRELL, RICKEY L. 1595 SE PORT ST. LUCIE BLVD Street Address (P.O. Box Number is Not Acceptable) 82 PORT ST. LUCIE FL 34952 83 B4 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Segments, ingrecios princidina is at organizargos appointed as plantile (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change 11 TITLE TITLE CARABBIA, JOSEPHINE 1.2 NAME NAME 2277 KNOLLWOOD AVENUE 1.3 STREET ADORESS STREET ADDRESS POLAND OH CHTY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Change Addition ST TITLE 2.1 TITLE MICCO, WILLIAM 2.2 NAME NAME 407 DUFF CT 2.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL C41Y - ST - ZIP 2. 4 CITY - \$1 - ZiP DELETE Change Addition 3.1 THLE TITLE CARABBIA, RONALD NAME 3.2 NAME 2277 KNOLLWOOD AVE 3.3 STREET ADDRESS STREET ADDRESS POLAND OH CITY-ST-2IP 3 4. CITY-\$T-ZIP DELETE Change Addition 4.1 THLE TITLE

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4. 2 NAME

5.1 TITLE 5.2 NAME

61 THLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 C-TY - ST-ZIP

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

MALIE

THUE

NAME

STREET ADDRESS CITY- ST. ZIP

STREET ADDRESS

STREET ADDRESS CHTY+S1+ZIP

CITY: \$1:70:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF PIECES PIECE.

;R2E034 (9/96)

Change

Change

Addition

Addition

FILED

Jan 16 1997 8:00am

Secretary of State